Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	<u>11/30/2010</u>	Address:	$634 \text{ S } 7^{\Pi 1} \text{ ST}$
Case #:	33F30629		MITCHELL, IN
County:	Lawrence (47)		
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	rheck all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: BEDROOM Water Reactive Metal (Lithium): BEDROOM Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): BEDROOM Corrosive Acid: BEDROOM Corrosive Base: Other (item and location):			
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☐ Other; Search warrant This report is to be faxed to the following agencies that serve the location: Fire Department: Bedford Fire Dept Fax: Hand delivered Health Department: Lawrence Co Health Fax: 812-275-1094 Child Protection Service: Fax:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Jon Patrick Phone 812-332-4411			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of seene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.